1	
Š	
٥	

Please type a plus sign (+) inside this hox->/+/	•		
UTILITY	Atty Doc. No. <u>54085</u> Total Page <u>10</u>		
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER Shelue LIANG		
TRANSMITTAL			
	Express Mail Label No		
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1./X / Fee transmittal Form (Submit an original and a duplicate for fee processing)	6. / / Microfiche Computer Program (Appendix)		

PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER		
TRANSMITTAL	Shelue LIANG		
	Express Mail Label No		
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1./X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) 2./ X / Specification Total Pages / 7 /	6. / / Microfiche Computer Program (Appendix) /7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
(Preferred arrangement set for below)	(if applicable, all necessary)		
Descriptive title of the Invention	a / / Computer Readable Copy		
Cross References to Related Application	b/ / Paper Copy (Identical to computer copy)		
Statement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies		
Reference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS		
Background of the Invention	8./X/ Assignment Papers (cover sheet & document(s)		
Brief Summary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney		
Brief Description of the Drawings (if filed)	10./ /English Translation Document (if applicable)		
Detailed Description	11./ /Information Disclosure // Copies of IDS Citations		
Claim(s)	12./ /Preliminary Amendment		
Abstract of the Disclosure	13./ x/Return Receipt Postcard (MPEP 503)		
3./ / Drawing(s)(35 USC 113)(Figs.) Total Sheets / /	Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and		
desired 4./ VOath or Declaration Total Pages 7	15./X / Certified Copy of Priority Document(s) (if foreign priority is claimed)		
a / / Newly executed (original or copy)			
b./ /Copy from a prior application (37 CFR 1.63(d)			
17. If a Continuing Application, check appropriate box and supply the required / /Continuation / /Divisional / / Continuation-in part			
CORRESPONDENCE ADDRESS			
/ Customer Number or Bar code Label Insert Customer No. or Attach Name: Herbert B. Keil	or //Correspondence address below bar code label here		
KFIL & WFINKALIF			

Address: City Country

1350 Connecticut Ave., N.W. Washington USA Telephone:

State: D.C. Telephone: (202)659-0100

Zip Code 20036 Fax: (202)659-0105

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$385./\$770.		
Basic Fee		• • • • • • • • • • • • • • • • • • • •		. \$ <u>770.</u>		
Total Claims:	6	-20 = x	\$09./\$18.	=		
Indep. Claims:	1	-3 = x	\$43./\$86. =			
[] Multiple Dependent Claim(s) presented:\$145./290 =						
[x] A check is	enclosed	for the filing	fee.	\$ 770.		

^{*}If the difference is less than zero, enter "0".

- [X] A check for \$ 770. for the filing fee.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

1350 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100